

DCG NP Grant Application Cover Sheet (FY2018)

General Agency Information

Agency Name

Agency Address

Executive Director Name

Contact Name

Contact Email Address

Program Information

Target Area and Outcomes (select from a drop-down)

Amount Requested for FY 2017-2018:

Service category:

Target Population – Defines a specific population and why the services are needed

Description of Services – Describes what the program does for the target population

Vision Statement– Describes why the program will work

DCG Agency (includes all programs within Nonprofit) Revenue Information (FY 2017-2018)*Complete the table with total revenue for your agency.*

Revenue Sources	Current Funding 2016-2017	Percent of Total Budget	Proposed Funding 2017- 2018	Percent of Total Budget
Durham County Government Funding				
City of Durham Funding				
*Other Government Funding				
<i>Federal Government</i>				
<i>State Government</i>				
<i>Other Cities & Counties</i>				
Triangle United Way Allocations and Designations				
Private Foundations				
Program-generated Revenue				
Program-specific Revenue				
*Other Income (source of funds MUST be described)				
<i>&nbsp; </i>				
<i>Direct Contributions</i>				
<i>Miscellaneous</i>				
Total				

1. Program Performance

How is the success of your program defined? What are the key indicators of success?

How many unduplicated clients are served by your program?

Please list the measures that best capture the effectiveness of your program that have been tracked for at least two years.

What are the program activities that lead to the success of the outcomes (measures) identified above?

Are there targets assigned to each measure to know if success was met, if so how many outcomes (measures) met or exceeded targets, and how many Durham County citizens were impacted by each measure?

Describe the methodology for collecting your measures. How do you validate your data?

If your program is planning on tracking any new outcomes (measures) please list them here and describe why they are appropriate indicators of program effectiveness.

2. Target Area and Outcome Alignment

Describe the connection between your program outcomes and the primary Target Area selected earlier from the drop-down. How does your program impact the Target Area and the outcome that you have selected?

What measures from the information provided above best prove your program's support of the Target Area and Outcome?

3. Partnerships

Please identify other organizations (including Durham County and City Departments) that provide the same or similar services as your program.

Explain how and to what extent your program is unique.

Highlight existing partnerships in place with other organizations that enhance the program's success. Include the specific roles and responsibilities each partner will have in the program's delivery of services

4. Resources

List all the personnel/positions (paid and volunteer) responsible for administering the program along with their qualifications, experience, and tenure with your organization.

List all the non-personnel resources that will be used to implement your program (vehicles, equipment, meeting space, etc.)

DCG Grant Budget (FY 2017-2018)

Grants awarded to nonprofit agencies by Durham County Government are for programmatic expenses. These are items recognized under Generally Accepted Accounting Practices (GAAP) as operating costs. Durham County will not fund the purchase, maintenance, or repair of grantee's capital assets with a value in excess of \$5,000 or a useful life greater than three years. Durham County also will not fund the following:

- Corporate debts;
- Contingencies;
- Contributions and donations;
- Entertainment costs;
- Fines and penalties;
- Interest and other financial costs; and
- Legislative expenses.

NOTE: If this section is left blank, your agency's application will be considered incomplete and will NOT be considered for funding.

Revenue

Complete the table with revenues for the program or service for which your agency is requesting County grant funds.

Program Revenues	FY 2015-2016 Actual	FY 2016-2017 Projected	FY 2017-2018 Proposed
*Durham County			
City of Durham			
*Other Government Funding			
Triangle United Way			
Private Foundations			
Program-generated Revenue			
Program-specific Revenue			
Other Income (please add additional items)			
Total			

Expenses

Program Expense	Amount Requested from Durham County (FY 2017- 2018)	Remaining Program Expenses (FY 2017-2018)	Total
*Personnel			
Salaries			
Employee Benefits			
*Operating Expenses			
Other Operating Expenses			
Total			

Progr

DCG Grant Budget Summary (FY 2017-2018)

Durham County funds are intended to only be spent on the provision of services that will impact the selected Target Area and Outcomes.

1. Provide a clear and concise justification of each expenditure line item for which you are requesting County funding.

2. Will Durham County grant funds be matched by another grant or funding source or leveraged to access other funding sources? If so, please provide details regarding the match requirement, or explain how County funds will be used to leverage other revenue sources for the program.

3. In the event the County is unable to meet your full program budget request, please indicate the expenditure line items that will be most important to have funded and why.

4. If your full request is awarded, are you planning to provide additional services that were not offered in FY 16-17?